

APPLICATION DATA SHEET**Application Information**

Application number::

Filing Date:: 12/18/01

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title :: DATA TRANSFER DEVICE, TRANSACTION
SYSTEM AND METHOD FOR EXCHANGING
CONTROL AND I/O DATA WITH A DATA
PROCESSING SYSTEM

Attorney Docket Number:: 750039.401

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 5

Small Entity?:: No

Petition included?:: No

Petition Type::

Licensed U.S. Gov't Agency:: No

Contract or Grant No::

Secrecy Order in Parent Appl.?:: No

First Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: The Netherlands
Status:: Full Capacity
Given Name:: Robert
Middle Name:: V. M.
Family Name:: Oerlemans
Name Suffix::
City of Residence:: Eindhoven
State or Province of Residence:: GK
Country of Residence:: The Netherlands
Street of mailing address:: Robijnring 40
City of mailing address:: Eindhoven
State or Province of mailing address:: GK
Country of mailing address:: The Netherlands
Postal or Zip Code of mailing address:: 5629

Second Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: The Netherlands
Status:: Full Capacity
Given Name:: Harm
Middle Name::
Family Name:: Braams
Name Suffix::
City of Residence:: Nieuwegein
State or Province of Residence:: CT
Country of Residence:: The Netherlands
Street of mailing address:: Helmkruid 14
City of mailing address:: Nieuwegein
State or Province of mailing address:: CT
Country of mailing address:: The Netherlands
Postal or Zip Code of mailing address:: 3434

Correspondence Information

Correspondence Customer Number :: **00500**

Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Phone number::

Fax Number:

E-Mail address::

Representative Information

Representative Customer Number::		00500
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Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
Europe	00204597.9	12/19/00	Yes
Europe	01202571.4	7/4/01	Yes

Assignee Information

Assignee name::	
Street of mailing address::	
City of mailing address::	
State or Province of mailing address::	
Country of mailing address::	
Postal or Zip Code of mailing address::	

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